



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

)

Melvin L. Barnes, Jr. et al.

)

Group Art Unit: 2756

Serial No.: 09/606,350

)

Examiner: Not Assigned

Filed: June 29, 2000

)

For: A Method and Apparatus For Providing Communication Transmissions

TRANSMITTAL LETTER

RECEIVED

Assistant Commissioner for Patents
Washington, D.C. 20231

MAR 27 2002

Sir:

Technology Center 2100

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> New Utility Application	\$
<input type="checkbox"/> Statement Claim Small Entity Status (37 C.F.R. 1.9(f) & 1.27(b)) - Independent Inventor	\$
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input type="checkbox"/> Response to Notice of Incomplete Application	\$
<input type="checkbox"/> Declaration and Power of Attorney: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Formal Drawings: _____ Sheets Figures	\$
<input type="checkbox"/> Information Disclosure Statement and Form 1449 and References	\$
<input checked="" type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input type="checkbox"/> Request for Extension of Time for month(s)	\$
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Other:	\$
<input type="checkbox"/> No additional claim fee is required	\$
<input checked="" type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$ 480
TOTAL FEES BEING SUBMITTED	\$ 480.00

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	64	20	44	x \$9.00	\$ 396.00
Independent Claims	8	6	2	x \$42.00	\$ 84.00
Multiple Dependent Claims (if applicable)				\$	\$
				TOTAL EXCESS CLAIMS FEE	\$ 480.00
SMALL ENTITY TOTAL (if applicable)					\$ 0.00

Enclosed is form PTO-2038 Credit Card Payment form authorizing payment in the amount of \$480.00 for the above listed fees. The Commissioner is requested to contact the undersigned in the event of an overpayment or underpayment of any fees. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,


Melvin L. Barnes, Jr.
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Dated: March 18, 2002

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